Case 17-30809-MBK Doc 31 Filed 12/01/17 Entered 12/01/17 12:40:43 Desc Main

	12(111111111111111111111111111111111111	1 1XX: 1 (7) = (7	
rmation to identify your	case:		
Marvin Michael J	ones		
First Name	Middle Name	Last Name	
First Name	Middle Name	Last Name	
Sankruptcy Court for the:	DISTRICT OF NEW JERSEY		
17-30809			
			☐ Check if this is an amended filing
	Marvin Michael Jo First Name First Name Fankruptcy Court for the:	Marvin Michael Jones First Name Middle Name First Name Middle Name First Name DISTRICT OF NEW JERSEY	Marvin Michael Jones First Name Middle Name Last Name First Name Middle Name Last Name Sankruptcy Court for the: DISTRICT OF NEW JERSEY

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

2/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	t 1: Summarize Your Assets		
га	Summanze Tour Assets		assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	1,800,481.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	31,300.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	1,831,781.00
Pa	t 2: Summarize Your Liabilities		
			liabilities Int you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	1,959,983.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	1,506,977.00
	Your total liabilities	\$	3,466,960.00
Pa	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	40,000.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	38,708.16
Pa	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your	ır other s	chedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bousehold purpose " 11 U.S.C. § 101(8). Fill out lines 8-90 for statistical purposes. 28 U.S.C. § 159	a persona	al, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Page 2 of 40
Case number (if known) 17-30809 Debtor 1 Marvin Michael Jones

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.

40,000.00 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cl	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Il in this information to identify your case and this filing:

Ebtor 1 Marvin Michael Jones
First Name Middle Name Last Name

on to luciting your	sase and this ining.			
Marvin Michael Jo	ones			
irst Name	Middle Name	Last Name		
First Name	Middle Name	Last Name		
uptcy Court for the:	DISTRICT OF NEW JERSEY			
30809		_		Check if this is an amended filing
	Marvin Michael Jo First Name	First Name Middle Name uptcy Court for the: DISTRICT OF NEW JERSEY	Marvin Michael Jones First Name Middle Name Last Name First Name Middle Name Last Name uptcy Court for the: DISTRICT OF NEW JERSEY	Marvin Michael Jones First Name Middle Name Last Name First Name Middle Name Last Name uptcy Court for the: DISTRICT OF NEW JERSEY

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

I all	Describe Eden Res	ideniee, B	ananing, Lana, or or	ilici itcui	Estate Tod Own of Have all interest in			
1. D e	o you own or have any l	egal or eq	uitable interest in a	any resid	ence, building, land, or similar property?			
	No. Go to Part 2.							
	Yes. Where is the prope	erty?						
1.1	9 Tim Boddley Dyin			What	is the property? Check all that apply			
	8 Tin Peddler Drive Street address, if available, or other description		_		Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D</i> :			
				Duplex or multi-unit building Condominium or cooperative	Creditors Who Have Clair			
	Millstone				Manufactured or mobile home	Current value of the	Current value of the	
	Township	NJ	08510-0000		Land	entire property?	portion you own?	
	City	State	ZIP Code		Investment property	\$1,353,481.00	\$1,353,481.00	
				Timeshare Other		of your ownership interest tenancy by the entireties, or		
				Who	has an interest in the property? Check one	a life estate), if known.		
				Debtor 1 only		Tenancy by the Entirety		
	Monmouth	Monmouth			Debtor 2 only			
	County				Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is com	munity property	
					r information you wish to add about this iter	,		
					erty identification number:	.,		
				LIQI	JIDATION ANALYSIS:			
				Mar	ket Value = \$1,353,481.00			
				Mor	tgage Bal= \$1,601,450.00			

Official Form 106A/B Schedule A/B: Property page 1

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otor 1 Marvin M	lichael Jo	ones	Cas	se number (if known) 17-	30809
If you own or h	ave more	than one, lis			
3 Olivia Way			What is the property? Check all that apply		
Street address, if availa	ble, or other de	escription	Single-family home		laims or exemptions. Put ed claims on Schedule D:
		·	Duplex or multi-unit building		ims Secured by Property.
			Condominium or cooperative		
				Current value of the	Current value of the
Jackson	NJ	08527-0000	Land	entire property?	portion you own?
City	State	ZIP Code	☐ Investment property	\$447,000.00	\$447,000.0
			☐ Timeshare	Describe the nature of	your ownership interest
			Other	_ (such as fee simple, te	nancy by the entireties, o
			Who has an interest in the property? Check one	a life estate), if known.	
0			Debtor 1 only	Fee simple	
Ocean			Debtor 2 only		
County			Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
			At least one of the debtors and another	(see instructions)	
			Other information you wish to add about this it property identification number:	tem, such as local	
			LIQUIDATION ANALYSIS		
			Market Value = \$447,000		
			Morgage Bal = 163,636		
			Exemption		
			10% Costs 44,700		
		•	eport it on Schedule G: Executory Contracts and U	. ,	
No Yes					
_{Make:} Jagu	ar		Who has an interest in the property? Check one		claims or exemptions. Put
Model: X-Ty	ре		■ Debtor 1 only		ed claims on Schedule D: aims Secured by Property.
Year: 2006			Debtor 2 only	Current value of the	Current value of the
Approximate milea	age:	14000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
Other information:			☐ At least one of the debtors and another		
			☐ Check if this is community property (see instructions)	\$4,500.00	\$4,500.0
Make: Cadil			Who has an interest in the property? Check one	the amount of any secur	claims or exemptions. Put red claims on Schedule D:
Model: Esca	iaue		Debtor 1 only	Creditors Who Have Cla	aims Secured by Property.
Year: 2009	200	146000	Debtor 2 only	Current value of the	Current value of the
Approximate milea Other information:		146000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
Other information:			At least one of the debtors and another		
			☐ Check if this is community property (see instructions)	\$12,000.00	\$12,000.0

Official Form 106A/B Schedule A/B: Property page 2

	Case 17-30809-MBK	Doc 31		17 Entered Page 5 of 40		13 Desc Main
Debtor	Marvin Michael Jones		Document	——————————————————————————————————————	Case number (if known)	17-30809
.page	the dollar value of the portion yes you have attached for Part 2. Describe Your Personal and House	Write that nu				\$16,500.00
	own or have any legal or equita		n any of the followi	ng items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
Exar	ehold goods and furnishings nples: Major appliances, furniture, o es. Describe	linens, china,	kitchenware			
	Househol	d goods and	d furnishings			\$12,000.00
■ No	nples: Televisions and radios; aud including cell phones, cam			ment; computers, pri	inters, scanners; music c	ollections; electronic devices
Exar ■ No	ctibles of value nples: Antiques and figurines; pair other collections, memoral oes. Describe			ks, pictures, or other	r art objects; stamp, coin,	or baseball card collections;
Exar	oment for sports and hobbies nples: Sports, photographic, exerc musical instruments os. Describe	cise, and other	r hobby equipment; b	icycles, pool tables,	golf clubs, skis; canoes a	and kayaks; carpentry tools;
■ No	mples: Pistols, rifles, shotguns, a	mmunition, an	d related equipment			
□ No	mples: Everyday clothes, furs, lea	ather coats, de	esigner wear, shoes,	accessories		
	Clothing a	and persona	I accessories			\$1,200.00
12. Jew <i>Exa</i> □ No	mples: Everyday jewelry, costum	e jewelry, eng	agement rings, wedd	ing rings, heirloom je	ewelry, watches, gems, g	old, silver

Official Form 106A/B Schedule A/B: Property page 3

Jewelry

Yes. Describe.....

\$1,600.00

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13.	Non-farm animals Examples: Dogs, cats, birds, horses		
	■ No □ Yes. Describe		
	. Any other personal and household items you did not already list, including any health aids you did not ■ No □ Yes. Give specific information	ot list	
15	5. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attac for Part 3. Write that number here	hed	\$14,800.00
Pa	art 4: Describe Your Financial Assets		
Do	o you own or have any legal or equitable interest in any of the following?	portion Do not d	value of the you own? leduct secured r exemptions.
	. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file you safe	our petition	
	 Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, bro institutions. If you have multiple accounts with the same institution, list each. No 	kerage houses, and o	ther similar
	Yes Institution name:		
	17.1. Checking Chase		\$0.00
	 Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No □ Yes Institution or issuer name: 		
	 Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an joint venture No 	ı interest in an LLC, բ	oartnership, and
	Yes. Give specific information about them	p:	
	Physician's Urgent Care, LLC 100	%	Unknown
20.	. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.		
	Yes. Give specific information about them Issuer name:		
	. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit No	-sharing plans	
	☐ Yes. List each account separately. Type of account: Institution name:		
22.	 Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications No 	companies, or others	

Official Form 106A/B Schedule A/B: Property page 4

Page 7 of 40 Document Case number (if known) 17-30809 Debtor 1 **Marvin Michael Jones** Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit $\hfill \square$ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ☐ No Yes. Give specific information.. Potential claim against NJ Community Bank arising from Unknown allegations against former business partner 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information..

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Page 8 of 40 Case number (if known) 17-30809 Debtor 1 **Marvin Michael Jones** 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$0.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$1,800,481.00 56. Part 2: Total vehicles, line 5 \$16,500.00 Part 3: Total personal and household items, line 15 57. \$14,800.00 58. Part 4: Total financial assets, line 36 \$0.00 Part 5: Total business-related property, line 45 59. \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$31,300.00 Copy personal property total \$31,300.00

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$1,831,781.00

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		17/7/4/11	311 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Fill in this inform	mation to identify your	case:		
Debtor 1 Marvin Michael Jones				
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	DISTRICT OF NEW JEF	RSEY	
Case number	17-30809			
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	identity the Property You Claim as Exempt

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.										
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)										
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)									
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.										
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption						
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.							
	3 Olivia Way Jackson, NJ 08527	\$447,000.00		\$13,100.00	11 U.S.C. § 522(d)(5)						
	Ocean County LIQUIDATION ANALYSIS Market Value = \$447,000 Morgage Bal = 163,636 Exemption 10% Costs 44,700 Line from Schedule A/B: 1.2			100% of fair market value, up to any applicable statutory limit							
	2006 Jaguar X-Type 14000 miles Line from Schedule A/B: 3.1	\$4,500.00		\$3,775.00	11 U.S.C. § 522(d)(2)						
	Line from Scriedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit							
	Household goods and furnishings Line from Schedule A/B: 6.1	\$12,000.00		\$12,000.00	11 U.S.C. § 522(d)(3)						
	Line IIIII Schedule A/B. 9.1			100% of fair market value, up to any applicable statutory limit							
	Clothing and personal accessories Line from Schedule A/B: 11.1	\$1,200.00		\$625.00	11 U.S.C. § 522(d)(3)						
	LINE HOLL SCHEUUIE AVD. 11.1			100% of fair market value, up to any applicable statutory limit							

Case 17-30809-MBK Doc 31 Filed 12/01/17 Entered 12/01/17 12:40:43 Desc Main Document Page 10 of 40 Case number (if known) 17-30809 Debtor 1 Marvin Michael Jones Brief description of the property and line on Schedule A/B that lists this property Amount of the exemption you claim Specific laws that allow exemption Current value of the portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Jewelry** 11 U.S.C. § 522(d)(4) \$1,600,00 \$1,600,00

1.6	ne from Schedule A/B: 12.1	Ψ1,000.00		Ψ1,000.00	
LII	Te Hom Schedule PAB. 12.1			100% of fair market value, up to any applicable statutory limit	
	hysician's Urgent Care, LLC 00 % ownership	Unknown		\$0.00	11 U.S.C. § 522(d)(5)
Li	ne from <i>Schedule A/B</i> : 19.1			100% of fair market value, up to any applicable statutory limit	
	re you claiming a homestead exemption of multiple to adjustment on 4/01/19 and every 3 years.	. ,		ed on or after the date of adjustme	nt.)
	No				
	Yes. Did you acquire the property covered by	the exemption wi	thin 1	215 days before you filed this case	9?
	□ No				
	☐ Yes				

Case 17	'-30809-MBk		ered 12/01/17	12:40:43 Des	sc Main
Fill in this informat	ion to identify you	Document Page 11	of 40		
Debtor 1	Marvin Michael First Name	Jones Middle Name Last Name			
Debtor 2					
(Spouse if, filing)	First Name	Middle Name Last Name			
United States Bankr	ruptcy Court for the	: DISTRICT OF NEW JERSEY			
Case number 17-	30809				
(if known)				_	if this is an
				ameno	ded filing
Official Form	106D				
		s Who Have Claims Secured	by Propert	V	12/15
		If two married people are filing together, both are equout, number the entries, and attach it to this form. Or			
1. Do any creditors ha	ve claims secured b	y your property?			
☐ No. Check th	is box and submit t	his form to the court with your other schedules. Yo	ou have nothing else t	o report on this form.	
Yes. Fill in all	of the information	below.			
Part 1: List All S	ecured Claims				
		more than one secured claim, list the creditor separately	Column A	Column B	Column C
		s a particular claim, list the other creditors in Part 2. As ical order according to the creditor's name.	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
		•	value of collateral.	claim	if any
2.1 Capital One Creditor's Name		Describe the property that secures the claim:	\$9,041.00	\$447,000.00	\$0.00
Creditor's Name		3 Olivia Way Jackson, NJ 08527 Ocean County			
		LIQUIDATION ANALYSIS			
		Market Value = \$447,000			
		Morgage Bal = 163,636			
		Exemption			
		As of the date you file, the claim is: Check all that			
Po Box 3028	-	apply.			
Salt Lake Ci	ty, U1 84130	Contingent			
Number, Street, Cit	y, State & Zip Code	Unliquidated			
Who owes the debt?	Chask and	☐ Disputed Nature of lien. Check all that apply.			
_	Check one.	☐ An agreement you made (such as mortgage or sec	ured		
■ Debtor 1 only □ Debtor 2 only		car loan)	uieu		
Debtor 1 and Debtor	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the o	-	Judgment lien from a lawsuit			
☐ Check if this claim community debt		Other (including a right to offset)			
	Opened				
	02/02 Last				
Date debt was incurre	Active = 12/06/13	Last 4 digits of account number 6075			
	12/00/10				
2.2 Seterus Inc		Describe the property that secures the claim:	\$163,636.00	\$447,000.00	\$0.00
Creditor's Name		3 Olivia Wav Jackson, NJ 08527	<u>, </u>		

Ocean County
LIQUIDATION ANALYSIS
Market Value = \$447,000

Morgage Bal = 163,636

Exemption

10% Costs 44,700

14523 Sw Millikan Way St Beavertton, OR 97005

As of the date you file, the claim is: Check all that

apply.

Contingent

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Debtor 1	Marvin Michael Jones		Case number (if know)	17-30809	
	First Name Middle N	ame Last Name			
Numb	ber, Street, City, State & Zip Code	■ Unliquidated			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ Disputed			
Who owe	s the debt? Check one.	Nature of lien. Check all that apply.			
Debtor	•	An agreement you made (such as mortgage or so car loan)	ecured		
☐ Debtor	2 only 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
	t one of the debtors and another	☐ Judgment lien from a lawsuit			
	if this claim relates to a nunity debt	Other (including a right to offset)			
Date debt	Opened 03/01 Last was incurred Active 07/16	Last 4 digits of account number 3085			
	te of New Jersey	Describe the property that secures the claim:	\$16,775.00	\$447,000.00	\$0.00
Div 50 \ PO	rision of Taxation W State Street Box 295 enton, NJ 08625-0295	3 Olivia Way Jackson, NJ 08527 Ocean County LIQUIDATION ANALYSIS Market Value = \$447,000 Morgage Bal = 163,636 Exemption 10% Costs 44,700 As of the date you file, the claim is: Check all that apply. □ Contingent			
Numb	ber, Street, City, State & Zip Code	■ Unliquidated			
Who owe	s the debt? Check one.	■ Disputed Nature of lien. Check all that apply.			
■ Debtor	,	☐ An agreement you made (such as mortgage or so car loan)	ecured		
	1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ Check	t one of the debtors and another if this claim relates to a nunity debt	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) ☐ State Tax	Lien		
Date debt	was incurred <u>06-11-2015</u>	Last 4 digits of account number 2515			
2.4 Sta	te of New Jersey	Describe the property that secures the claim:	\$100,282.00	\$447,000.00	\$0.00
Sur Adı P.O Tre	rcharge ministration Office D. Box 136 enton, NJ 08666	3 Olivia Way Jackson, NJ 08527 Ocean County LIQUIDATION ANALYSIS Market Value = \$447,000 Morgage Bal = 163,636 Exemption 10% Costs 44,700 As of the date you file, the claim is: Check all that apply. □ Contingent			
Numb	ber, Street, City, State & Zip Code	Unliquidated			
Who owe	s the debt? Check one.	■ Disputed Nature of lien. Check all that apply.			
■ Debtor	•	An agreement you made (such as mortgage or s car loan)	ecured		
☐ Debtor	1 and Debtor 2 only t one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
☐ Check	if this claim relates to a nunity debt	Other (including a right to offset) State Tax	Lien		
Date debt	was incurred 04-16-2015	Last 4 digits of account number 1015			

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Debtor 1 Marvin Michael Jones		Case number (if know)	17-30809		
First Name Middle	Name Last Name				
Os Otata at Name Jamana	B	\$40.700.00	\$447.000.00	***	
2.5 State of New Jersey Creditor's Name	Describe the property that secures the claim:	\$18,799.00	\$447,000.00	\$0.00	
Division of Taxation	3 Olivia Way Jackson, NJ 08527 Ocean				
50 W State Street					
PO Box 295	As of the date you file, the claim is: Check all that apply.				
Trenton, NJ 08625-0295	Contingent				
Number, Street, City, State & Zip Code	■ Unliquidated				
	■ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only	An agreement you made (such as mortgage or s	ecured			
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)				
At least one of the debtors and another	Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset) State Tax	Lien			
Date debt was incurred 3/23/17	Last 4 digits of account number 3717	,			
2.6 Wells Fargo Hm Mortgag	Describe the property that secures the claim:	\$1,651,450.00	\$1,353,481.00	\$297,969.00	
Creditor's Name	8 Tin Peddler Drive Millstone		+ ,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Township, NJ 08510 Monmouth				
	LIQUIDATION ANALYSIS: Market Value = \$1,353,481.00				
	Mortgage Bal= \$1,601,450.00				
8480 Stagecoach Cir	As of the date you file, the claim is: Check all that				
Frederick, MD 21701	apply. ☐ Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only	■ An agreement you made (such as mortgage or s	ecured			
Debtor 2 only	car loan)	oourou			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)				
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset)				
Opened					
03/13 Last					
Active		•			
Date debt was incurred 11/15/13	Last 4 digits of account number 1316	<u> </u>			
Add the deller value of comment to the	Column A on this many Walts that according to	¢4 050 000	2.00		
-	Column A on this page. Write that number here: d the dollar value totals from all pages.	\$1,959,983			
Write that number here:	a ac raido totalo ironi dii pagooi	\$1,959,983	3.00		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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Debtor 1	Marvin Michael	Jones		Case number (if know)	17-30809
	First Name	Middle Name	Last Name		
P 40 S	ame, Number, Street, Ci helan Hallinan Dia 00 Fellowship Roa uite 100 lount Laurel, NJ 0	amnd & Jones, PV ad		On which line in Part 1 did you enter Last 4 digits of account number	er the creditor? 2.6

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`	Case 17-50009-MBK	Doc 31 Thea 12/01 Document	Page 1!	iereu 12/01/17 12:40:40	Desc Main
Fill in th	is information to identify your		Paue I.	5 (1) 4()	
Debtor 1					
Depioi i	First Name	Middle Name	Last Name		
Debtor 2					
Spouse if,	filing) First Name	Middle Name	Last Name		
United S	States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY			
Case nu	mber 17-30809				
(if known)	17-30003			[☐ Check if this is an
					amended filing
Officio	J Form 106E/E				
	<u>ll Form 106E/F</u> Julo E/E: Craditors W	ho Have Unsecured	Claime		12/15
				Part 2 for creditors with NONPRIORITY	
eft. Attacl		e. If you have no information to rep		he Part you need, fill it out, number th lo not file that Part. On the top of any	
	ny creditors have priority unsecure				
	o. Go to Part 2.				
— N					
Part 2:		Y Unsecured Claims			
3. Do ai	ny creditors have nonpriority unsec	cured claims against you?			
		art. Submit this form to the court with y	your other sche	dules	
		and odding and form to the court with y	your outlor don't	adioo.	
■ Ye	es.				
unse	cured claim, list the creditor separately one creditor holds a particular claim, li	y for each claim. For each claim listed,	, identify what t	holds each claim. If a creditor has more ype of claim it is. Do not list claims alreathree nonpriority unsecured claims fill or	dy included in Part 1. If more
					Total claim
4.1	Calvary Portfolio Services	Last 4 digits of acco	ount number	2472	\$23,690.00
	Nonpriority Creditor's Name				
	500 Summit Lake Ste 400 Valhalla, NY 10595	When was the debt	incurred?	Opened 06/16 Last Active 03/13	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you f	ile, the claim i	s: Check all that apply	
1	Debtor 1 only	☐ Contingent			
I	Debtor 2 only	Unliquidated			
l	Debtor 1 and Debtor 2 only	☐ Disputed			
I	\square At least one of the debtors and and		ITY unsecured	I claim:	
	Check if this claim is for a com				
	debt Is the claim subject to offset?	☐ Obligations arising report as priority clair		ration agreement or divorce that you did	not
	No			g plans, and other similar debts	
	— No □ Yes	Other. Specify	-		
		Utner. Specify	aa.		

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Debtor 1 Marvin Michael Jones Case number (if know) 17-30809 4.2 Capital One Last 4 digits of account number 1714 \$8,958.00 Nonpriority Creditor's Name PO Box 85520 When was the debt incurred? 06-19-2010 Richmond, VA 23285 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes **Central Jersey Emergency Medicine** \$1.414.200.00 4.3 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 901 West Main Street Freehold, NJ 07728 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Shareholder Loan with Central Jersey ☐ Yes Other. Specify **Emergency Medicine Associates** 4.4 **Chase Auto Finance** Last 4 digits of account number 4901 \$5,670.00 Nonpriority Creditor's Name **National Bankruptcy Dept** Opened 07/11 Last Active 201 N Central Ave Ms Az1-1191 When was the debt incurred? 11/18/15 Phoenix, AZ 85004 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Deficiency after Repossession ☐ Yes

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Marvin Michael Jones		Case number (if know) 17-30809	
Chase Card Services Nonpriority Creditor's Name	Last 4 digits of account number	7647	\$29,894.00
Correspondence Dept Po Box 15278 Wilmington, DE 19850	When was the debt incurred?	Opened 03/01 Last Active 8/20/14	
Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one. Debtor 1 only	☐ Contingent		
Debtor 1 only Debtor 2 only	■ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Credit Card	<u> </u>	
Chase Card Services	Last 4 digits of account number	7587	\$18,435.00
Nonpriority Creditor's Name Correspondence Dept Po Box 15278	When was the debt incurred?	Opened 12/08 Last Active 4/24/14	
Wilmington, DE 19850 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
_	☐ Contingent		
Debtor 1 only	■ Unliquidated		
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	<u> </u>		
☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		aration agreement or divorce that you did not	
ls the claim subject to offset? ■	report as priority claims	a plane, and other similar debte	
■ No	Debts to pension or profit-sharing		
Yes	Other. Specify Credit Card		
Discover Financial Nonpriority Creditor's Name	Last 4 digits of account number	7864	\$4,378.00
Po Box 3025 New Albany, OH 43054	When was the debt incurred?	Opened 11/99 Last Active 9/21/16	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	Disputed	d eleter.	
At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	o ciaim:	
☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharir	on plans, and other similar debts	
	·		
☐ Yes	Other Specify Credit Card	1	

4.8	Diversified Consultant Nonpriority Creditor's Name	Last 4 digits of acco		6848		\$2
Debto	Marvin Michael Jones	Document	- raye 10	3 of 40 Case number (if know)	17-30809	
	Case 17-30809-MBK					Desc Main

4.8	Diversified Consultant	Last 4 digits of account number	6848	\$27.00
	Nonpriority Creditor's Name Dci	When was the debt incurred?	Opened 05/15	
	Po Box 551268	mon was the dest meaned.	Opened 65/15	
	Jacksonville, FL 32255			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	<u> </u>	☐ Contingent		
	Debtor 1 only	<u> </u>		
	Debtor 2 only	■ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	l alaim.	
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	i claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Collection	Attorney At T Wireless	
4.9	Midland Funding	Last 4 digits of account number	3188	\$1,725.00
	Nonpriority Creditor's Name	_		
	2365 Northside Dr Suite 300	When was the debt incurred?	Opened 12/13 Last Active 8/13/15	
	San Diego, CA 92108	When was the dest mounted.	0/10/13	
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	☐ Contingent		
	■ Debtor 1 only	■ Unliquidated		
	Debtor 2 only	_		
	Debtor 1 and Debtor 2 only	■ Disputed	L. L. C.	
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	i claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	■ Other. Specify N.A.	Company Account Capital One	
4.1	Spiro Vlahos	Last 4 digits of account number		Unknown
0]	Nonpriority Creditor's Name	=		
	P.O. Box 6219	When was the debt incurred?		
	Freehold, NJ 07728 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.		o. Onook all that apply	
	■ Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□Yes	Guranty of Other. Specify Care	Lease for Physician's Urgent	

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 Marvin Michael Jones

17-30809

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total				-	
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	<u> </u>	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	Ψ	
	ou.	Other. And all other priority disecured claims. Write that amount here.	ou.	Ф	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	1,506,977.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	1,506,977.00

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		12421111111	1 13 1 2 1 3 1 3 1 3 1	
Fill in this infor				
Debtor 1	Marvin Michael J	ones		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number	17-30809			
(if known)				☐ Check if this i amended filin

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have the r, Street, City, State and ZIP	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3	Oity		Olate	Zii Oodo	
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4			<u> </u>		
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.5	City		Olato	211 0000	
-	Name				_
	Number	Street			_
	City		State	ZIP Code	

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Fill in this	information to identify your	case:				
Debtor 1	Marvin Michael Jo	ones				
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filir	ng) First Name	Middle Name	Last Name			
(Spouse II, IIIII	ng) i list Name		Last Name			
United Sta	tes Bankruptcy Court for the:	DISTRICT OF NEW JERSEY				
Case numl	ber 17-30809					
(if known)					Check if this is an amended filing	I
					amended ming	
Officia	l Form 106H					
	lule H: Your Code	ahtore			4.	2/15
ocned	iule II. Toul Cou	EDIOI 3			14	2/13
ill it out, a our name	nd number the entries in the and case number (if known).	ally responsible for supplying of boxes on the left. Attach the Ad. Answer every question.	dditional Page to	this page. On the to		
□ No						
■ Yes	3					
		lived in a community property Nevada, New Mexico, Puerto Rid				;
■ No.	Go to line 3.					
☐ Yes	s. Did your spouse, former spou	ise, or legal equivalent live with y	ou at the time?			
in line Form	e 2 again as a codebtor only it	ors. Do not include your spous i that person is a guarantor or o Form 106E/F), or Schedule G (cosigner. Make su	ire you have listed	the creditor on Schedule D (Official
	Column 1: Your codebtor Name, Number, Street, City, State and ZII	P Code		Column 2: The concept Check all schedu	reditor to whom you owe the les that apply:	debt
I	Physician's Urgent Care, I 143 NJ-33 Manalapan, NJ 07726 Guarantor on lease for me			☐ Schedule D, ☐ Schedule E/i ☐ Schedule G Spiro Vhjalos	⁼ , line	

Schedule H: Your Codebtors

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	in this information to										
		Marvin Mich	aei Jones			_					
_	otor 2 buse, if filing)					_					
Uni	ted States Bankrupt	tcy Court for the	DISTRICT OF NEW J	ERSEY		_					
Cas	se number 17-	30809					Che	ck if this is	:		
(If kr	nown)						D A	An amende	ed filing		
										ing postpetition following date:	chapter
0	fficial Form	<u> 1061</u>					Ī	/IM / DD/ \	YYYY		
S	chedule I: `	Your Inc	ome								12/1
atta	ch a separate shee	et to this form.	r spouse is not filing wi On the top of any additi	onal pages, write				umber (if	known).	Answer every	
	information.			Debtor 1						-filing spouse	
	If you have more t attach a separate	•	Employment status	■ Employed				☐ Empl	•		
	•	information about additional		☐ Not employed	☐ Not employed			☐ Not e	mployed		
			Occupation	Physician							
	Include part-time, self-employed wor		Employer's name	Physician Urg	jent Care						
	Occupation may ir or homemaker, if i		Employer's address	143 Route 33 Englishtown,							
			How long employed the	here? 2 yea	rs 6 mont	hs		_			
Pai	t 2: Give Det	ails About Mon	thly Income								
spoi If yo	use unless you are s	separated. spouse have mo	ore than one employer, cothis form.	_							
							For De	btor 1		ebtor 2 or iling spouse	
2.			ry, and commissions (be calculate what the monthl		2.	\$	40	,000.00	\$	N/A	
3.	Estimate and list	monthly overti	me pay.		3.	+\$		0.00	+\$_	N/A	
4.	Calculate gross I	ncome. Add lir	e 2 + line 3.		4.	\$	40,0	00.00	\$_	N/A	

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Debtor 1	Marvin Michael Jones		Case	number (if known)	17-30809	
			For	Debtor 1	For Debtor	
Co	py line 4 here	4.	\$	40,000.00	\$	N/A
	•		_		·	
5. Li s	st all payroll deductions:					
5a	•	5a.	\$_	0.00	\$	N/A
5b		5b.	\$_	0.00	\$	N/A
5c 5d	·	5c.	\$_ \$	0.00	\$	N/A
5u 5e	• • •	5d. 5e.	\$ _	0.00	\$	N/A N/A
5f.		5f.	\$ _	0.00	\$	N/A
5g	•	5g.	<u> </u>	0.00	\$	N/A
5h		5h.+	· ' —	0.00	+ \$	N/A
6. Ac	Id the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.	\$	0.00	\$	N/A
	ilculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	40,000.00	\$	N/A
	st all other income regularly received:		·	15,000.00		
	monthly net income.	8a.	\$	0.00	\$	N/A
8b	Interest and dividends	8b.	\$	0.00	\$	N/A
8c	 Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 	8c.	\$	0.00	\$	N/A
8d	. Unemployment compensation	8d.	\$	0.00	\$	N/A
8e	•	8e.	\$	0.00	\$	N/A
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	_ 8f.	\$_	0.00	\$	N/A_
8g		8g.	\$_	0.00	\$	N/A
8h	Other monthly income. Specify:	_ 8h.+	\$	0.00	+ \$	N/A
9. A c	ld all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A
10 C a	Ilculate monthly income. Add line 7 + line 9.	10. \$	4	0,000.00 + \$	N/A	= \$ 40,000.00
	d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	· · · · · · ·			1975	40,000.00
Ind oth Do	ate all other regular contributions to the expenses that you list in Schedule clude contributions from an unmarried partner, members of your household, your ner friends or relatives. In not include any amounts already included in lines 2-10 or amounts that are not a secify:	depend				
Wı	Id the amount in the last column of line 10 to the amount in line 11. The restricte that amount on the Summary of Schedules and Statistical Summary of Certain plies					\$ 40,000.00
13. D e	you expect an increase or decrease within the year after you file this form?	?				Combined monthly income
.5. 50	No. Yes Explain:	-				

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	·	(' ('-						
Fill	in this informa	ition to identify yo	ur case:					
Deb	otor 1	Marvin Micha	ael Jone	S			ck if this is:	
Dah	tor 2						An amended filing	oine en antenatition alcontan
	otor 2 ouse, if filing)						A supplement snow	ving postpetition chapter
(Opt	ouse, ii iiiiig)							
Unit	ed States Bankr	ruptcy Court for the:	DISTR	ICT OF NEW JERSEY			MM / DD / YYYY	
Cas	e number 17	7-30809						
(If k	nown)							
O	fficial Fo	orm 106J						
		J: Your I	Evnor	1606				12/15
				. If two married people ar	e filing together ho	oth are equ	ially responsible fo	
info	ormation. If m		eded, atta	ach another sheet to this				
		ribe Your House	hold					
1.	Is this a joir	nt case?						
	■ No. Go to	line 2.						
	☐ Yes. Doe	es Debtor 2 live i	n a separ	ate household?				
	□N	o						
	ΠY	es. Debtor 2 mus	t file Offic	ial Form 106J-2, <i>Expenses</i>	s for Separate House	hold of Deb	otor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not ototo	tho						□ No
	Do not state dependents				Son		10	■ Yes
	·							□ No
					Daughter		13	■ Yes
								□ No
					Spouse		49	■ Yes
					<u> </u>			□ No
								☐ Yes
3.		oenses include		l _{No}				
		f people other th	han _	Yes				
	yoursell and	d your depender	its?					
		ate Your Ongoir						
exp				uptcy filing date unless y y is filed. If this is a supp				
Inc	luda avnansa	s naid for with n	non-cash	government assistance i	f you know			
the	value of suc	h assistance and	d have in	cluded it on Schedule I: \	our Income			
(Of	ficial Form 10)6I.)					Your expe	enses
4.	The rental of	or home ownersl	hip exper	nses for your residence.	nclude first mortgage	e	_	40.000.40
	payments ar	nd any rent for the	e ground o	or lot.		4. \$		10,266.16
	If not include	led in line 4:						
		estate taxes				4a. S	·	0.00
	•	rty, homeowner's	-			4b. \$	· ————	0.00
		maintenance, re owner's associati		upkeep expenses		4c. \$:	200.00
5.				our residence, such as ho	me equity loans	4d. 5	·	0.00 0.00
			J	- , odon do no	294, 104110	٠. ١	*	0.00

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Debtor 1 Ma	rvin Michael Jones	Case num	ber (if known)	17-30809
 Utilities: 6a. Ele 	ctricity, heat, natural gas	6a.	\$	1,200.00
	ter, sewer, garbage collection	6b.		33.00
	ephone, cell phone, Internet, satellite, and cable services	6c.		
	eprione, cell prione, internet, satellite, and cable services ler. Specify:	6d.	·	450.00
	I housekeeping supplies	6d. 7.	· —	0.00
	and children's education costs	7. 8.	\$	935.00
		9.	\$	6,000.00
_	laundry, and dry cleaning care products and services	9. 10.	\$	100.00
	and dental expenses	10.	·	150.00
	tation. Include gas, maintenance, bus or train fare.	11.	Φ	365.00
	clude car payments.	12.	\$	250.00
	ment, clubs, recreation, newspapers, magazines, and books	13.		0.00
	e contributions and religious donations	14.	· ·	200.00
5. Insuranc	•		<u> </u>	200.00
	clude insurance deducted from your pay or included in lines 4 or 20.			
	insurance	15a.	\$	0.00
15b. He	alth insurance	15b.	\$	0.00
15c. Ve	nicle insurance	15c.	\$	399.00
	er insurance. Specify:	15d.	·	0.00
	o not include taxes deducted from your pay or included in lines 4 or 20.		-	
	Estimated Tax	16.	\$	10,000.00
	nt or lease payments:			-,
	payments for Vehicle 1	17a.	\$	0.00
17b. Ca	payments for Vehicle 2	17b.	\$	0.00
17c. Oth	er. Specify:	17c.	\$	0.00
	er. Specify:	17d.	\$	0.00
3. Your pay	ments of alimony, maintenance, and support that you did not report as			
	from your pay on line 5, Schedule I, Your Income (Official Form 106l).	18.	\$	0.00
9. Other pa	ments you make to support others who do not live with you.		\$	2,835.00
Specify:	Food Expenses for Mother and Aunt	19.		_
	Mortgage for Mother and Aunt	19.		
	utilities for Mother and Aunt	19.		
	Il property expenses not included in lines 4 or 5 of this form or on Sche			
	rtgages on other property	20a.		0.00
	al estate taxes	20b.		0.00
	perty, homeowner's, or renter's insurance	20c.		0.00
	intenance, repair, and upkeep expenses	20d.		0.00
20e. Ho	meowner's association or condominium dues	20e.	\$	0.00
1. Other: S _l	pecify: US Trustee and Admin Expenses	21.	+\$	5,325.00
Calculate	your monthly expenses			
	lines 4 through 21.		\$	38,708.16
	/ line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	30,700.10
			·	00 500 10
22c. Add	line 22a and 22b. The result is your monthly expenses.		\$	38,708.16
3. Calculate	your monthly net income.			
	by line 12 (your combined monthly income) from Schedule I.	23a.	\$	40,000.00
	by your monthly expenses from line 22c above.	23b.		38,708.16
	, , ,	_00.		
23c. Su	otract your monthly expenses from your monthly income.			
	e result is your monthly net income.	23c.	\$	1,291.84
	, ,			
	xpect an increase or decrease in your expenses within the year after yo			
	le, do you expect to finish paying for your car loan within the year or do you expect your n to the terms of your mortgage?	r mortgage	payment to incre	ease or decrease because of a
_	i to the terms of your mortgage:			
■ No.	le			
Yes.	Explain here:			

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Debtor 1					
Jebioi i	Marvin Michael J	Ones Middle Name	Loot Nama		
Debtor 2	riist name	Middle Name	Last Name		
Spouse if, filing)	First Name	Middle Name	Last Name		
Jnited States E	Bankruptcy Court for the:	DISTRICT OF NEW JERSE	ΞΥ		
ase number	17-30809				
f known)					☐ Check if this is an amended filing
otaining mon		n connection with a bankrup			tement, concealing property, or 000, or imprisonment for up to 20
		,			, , , , , , , , , , , , , , , , , , , ,
Si	gn Below	,			
		eone who is NOT an attorney	to help you fill out ba	ankruptcy forms?	
			to help you fill out ba	ankruptcy forms?	
Did you p			to help you fill out ba	Attach <i>Ba</i>	nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119
Did you p No Yes.	Name of person			Attach <i>Ba</i> Declaratio	nkruptcy Petition Preparer's Notice, on, and Signature (Official Form 119
Did you p No Yes. Under per that they a	Name of person nalty of perjury, I declare are true and correct.	eone who is NOT an attorney		Attach <i>Ba</i> Declaratio	nkruptcy Petition Preparer's Notice, on, and Signature (Official Form 119
Did you p No Yes. Under per that they a X /s/ Ma Marv	Name of person	eone who is NOT an attorney	ry and schedules filed	Attach Ba Declaration I with this declarat	nkruptcy Petition Preparer's Notice, on, and Signature (Official Form 119

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Fill	in this inform	nation to identify you	r case.			
Deb			-			
Den	101 1	Marvin Michael First Name	Middle Name	Last Name		
	tor 2 use if, filing)	First Name	Middle Name	Last Name		
Unit	ed States Bar	nkruptcy Court for the:	DISTRICT OF NEW JER	SEY		
Case	e number 1	7-30809				
(if kno		7-30009			_	Check if this is an amended filing
Sta		of Financial		duals Filing for B		4/16
infor	mation. If m		attach a separate sheet to		equally responsible for sup additional pages, write you	
Part	Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1.	What is your	current marital statu	s?			
	■ Married □ Not mar	ried				
2.	During the la	ıst 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. List	t all of the places you I	ived in the last 3 years. Do no	ot include where you live now	<i>ı</i> .	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territor ico, Texas, Washington and V	
	■ No □ Yes. Ma	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Part	2 Explain	n the Sources of You	r Income			
	Fill in the tota	I amount of income yo	u received from all jobs and a	g a business during this yeall businesses, including parte together, list it only once ur		ndar years?
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$228,000.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Debtor 1 Marvin Michael Jones

				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco Check all that ap		Gross income (before deductions and exclusions)
	r last caler inuary 1 to	ndar year: December 3	31, 2016)	☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, comm bonuses, tips	Wages, commissions, onuses, tips	
				☐ Operating a business		Operating a b	usiness	
		dar year bef December 3		■ Wages, commissions, bonuses, tips	\$427,895.00	☐ Wages, comm bonuses, tips	nissions,	
				☐ Operating a business		☐ Operating a b	usiness	
	and other winnings. List each	public benef If you are fili	it payments; ng a joint cas ne gross inco	er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separat	rest; dividends; money collect you received together, list it o	ted from lawsuits; ronly once under Deb	oyalties; and otor 1.	d gambling and lottery
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inco Describe below.	me	Gross income (before deductions and exclusions)
Pa	rt 3: Lis	t Certain Pa	ments You	Made Before You Filed for I	Bankruptcy			
6.	□ No.	Neither Deindividual puring the No. Yes * Subject to During the During the No.	btor 1 nor D rimarily for a 90 days befo Go to line 7 List below e paid that cre not include o adjustment	each creditor to whom you pai editor. Do not include paymen payments to an attorney for the on 4/01/19 and every 3 years r both have primarily consure you filed for bankruptcy, di	Imer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,425* or more ints for domestic support oblignis bankruptcy case. s after that for cases filed on timer debts.	of \$6,425* or more n one or more payn ations, such as chil or after the date of	e? nents and th d support a	ne total amount you nd alimony. Also, do
		□ Yes	include pay	each creditor to whom you pai ments for domestic support of this bankruptcy case.				
	Creditor	's Name and	Address	Dates of payme	nt Total amount	Amount you	Was this p	payment for

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'.	Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any gen control, or owner of 20% o	eral partners; partner r more of their voting	erships of which yo g securities; and a	ou are a general p ny managing age	artner; corporations nt, including one for
	No					
	☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for th	is payment
3.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos		ments or transfer a	any property on a	ccount of a deb	that benefited an
	■ No□ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the Include credito	
Pa	rt 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
).	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	case
	Wells Fargo v. Jones F-19853-14	Foreclosure	Superior Court Jersey Monmouth Cou Courthouse Chancery Divis Freehold, NJ 0	unty	■ Pending □ On appeal □ Concluded Pending She	eriff's Sale
10.	Within 1 year before you filed for bankrupte. Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address		, , ,	oreclosed, garnis	shed, attached, s	seized, or levied? Value of the property
1.	Within 90 days before you filed for bankrup			nancial institution	n, set off any am	ounts from your
	accounts or refuse to make a payment bec No Yes. Fill in the details.	ause you owed a debt?	•		•	·
	Creditor Name and Address	Describe the action the	creditor took	Date taker	action was	Amount
12.	Within 1 year before you filed for bankrupte court-appointed receiver, a custodian, or a ■ No □ Yes		erty in the possess	ion of an assigne	e for the benefit	of creditors, a

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Debtor 1 Marvin Michael Jones

Pa	rt 5: List Certain Gifts and Contribution	ıs							
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift.								
	Gifts with a total value of more than \$60 per person	0	Describe the gifts	Dates you gave the gifts	Value				
	Person to Whom You Gave the Gift and Address:								
14.	Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift or c		did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?				
	Gifts or contributions to charities that t more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code	otal	Describe what you contributed	Dates you contributed	Value				
Pa	rt 6: List Certain Losses								
15.	Within 1 year before you filed for bankru or gambling? No Yes. Fill in the details.	ptcy oı	r since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,				
	Describe the property you lost and how the loss occurred	Includ	ribe any insurance coverage for the loss e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost				
Pa	rt 7: List Certain Payments or Transfers	s							
16.	consulted about seeking bankruptcy or p	prepari	lid you or anyone else acting on your behalf pay oing a bankruptcy petition? rs, or credit counseling agencies for services require		rty to anyone you				
	□ No								
	 Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y 	7 011	Description and value of any property transferred	Date payment or transfer was made	Amount of payment				
	Law Offices of Douglas T. Tabachn PC 63 West Main Street Suite C			10/13/17	\$20,000.00				
	Freehold, NJ 07728								
17.	within 1 year before you filed for bankru promised to help you deal with your cred Do not include any payment or transfer that	ditors o		or transfer any prope	rty to anyone who				
	■ No □ Yes. Fill in the details.								
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment				

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Debtor 1 Marvin Michael Jones

18.	Within 2 years before you filed for bankruptc transferred in the ordinary course of your bu Include both outright transfers and transfers mad include gifts and transfers that you have already No Yes. Fill in the details.	siness or financial affa de as security (such as t	airs? the granting of a		. , , , ,				
	Person Who Received Transfer Address	Description and v		paym	ibe any property or ents received or debts n exchange	Date transfer was made			
4.0	Person's relationship to you			16 44					
19.	Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prot No		ly property to a	self-settle	d trust or similar device	of which you are a			
	Yes. Fill in the details. Name of trust	Description and v	value of the prov	norty trong	oforrad	Date Transfer was			
	Name of trust	Description and V	raide of the prop	perty trains	sierreu	made			
Par	List of Certain Financial Accounts, Inst	truments, Safe Deposi	t Boxes, and Sto	orage Unit	es				
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.								
	No No								
	Yes. Fill in the details. Name of Financial Institution and	Last 4 digits of	Type of accou	int or	Date account was	Last balance			
		account number	•		closed, sold, moved, or transferred	before closing or transfer			
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?								
	■ No □ Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)		Who else had access to it? Address (Number, Street, City, State and ZIP Code)			Do you still have it?			
22.	Have you stored property in a storage unit or	r place other than your	home within 1	year befor	re you filed for bankrupto	cy?			
	■ No □ Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or I to it? Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?			
Par	19: Identify Property You Hold or Control f	or Someone Else							
23.	Do you hold or control any property that som for someone.	neone else owns? Incl	ude any propert	ty you bor	rowed from, are storing	for, or hold in trust			
	■ No □ Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value			
Par	t 10: Give Details About Environmental Info	rmation							
For	the purpose of Part 10, the following definitio	ns apply:							

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 **Marvin Michael Jones**

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

hazardous material, pollutant, contaminant, or similar term.										
Rep	ort all n	otices, releases, and proceedings that	at you know about, regardless of when	they	occurred.					
24.	Has an	y governmental unit notified you that	you may be liable or potentially liable	unde	er or in viol	ation of an environm	ental law?			
	■ No	o es. Fill in the details.								
		of site SS (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		Environme know it	ntal law, if you	Date of notice			
25.	_									
	■ No	o es. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) ZIP Code)				Environme know it	ntal law, if you	Date of notice			
26.	Have y	ou been a party in any judicial or adn	ninistrative proceeding under any envir	ronm	ental law?	Include settlements	and orders.			
	■ No	o es. Fill in the details.								
	Case Title Case Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Natu	Nature of the case		Status of the case			
Par	111: 6	Give Details About Your Business or	Connections to Any Business							
27.	Within	4 years before you filed for bankrupt	cy, did you own a business or have any	y of t	he followir	ng connections to an	y business?			
		A sole proprietor or self-employed in	n a trade, profession, or other activity,	eithe	er full-time	or part-time				
		A member of a limited liability comp	any (LLC) or limited liability partnershi	ip (LL	_P)					
		A partner in a partnership								
		An officer, director, or managing ex	ecutive of a corporation							
		An owner of at least 5% of the voting	g or equity securities of a corporation							
	□ No	o. None of the above applies. Go to F	Part 12.							
	■ Ye	es. Check all that apply above and fill	in the details below for each business	·-						
	Addre	ess Name ss r, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper			Identification numbe clude Social Security				
					Dates business existed					
	Physicians' Urgent Care, LLC 143 Route 33 Englishtown, NJ 07726		Urgent Care Center	EIN: 474963920						
			Michael Serrpica, CPA		From-To 10/2015 to present		t			

Page 33 of 40 Case number (if known) 17-30809 Document Debtor 1 Marvin Michael Jones 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Yes. Fill in the details below. **Date Issued** Name Address (Number, Street, City, State and ZIP Code) 10/2015 Wells Fargo 8480 Stagecoach Circle Frederick, MD 21701 Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Marvin Michael Jones Signature of Debtor 2 **Marvin Michael Jones** Signature of Debtor 1 Date Date December 1, 2017 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

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Desc Main

Case 17-30809-MBK

Doc 31

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this information to identify your case:	
Debtor 1 Marvin Michael Jones	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: District of New Jersey	
Case number (if known) 17-30809	☐ Check if this is an amended filing

Official Form 122B

Chapter 11 Statement of Your Current Monthly Income

12/15

You must file this form if you are an individual and are filing for bankruptcy under Chapter 11. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On top of any additional pages, write your name and case number (if known).

Jase	number (ii known).					
Part	1: Calculate Your Current Mo	onthly Income				
1.	What is your marital and filing status? Check one only.					
	□ Not married. Fill out Column A.	linos 2 11				
	Not married. Fill out Column A	, lines 2-11.				
	\square Married and your spouse is fi	ling with you. Fill o	out both Columns A and B, lines	2-11.		
	■ Married and your spouse is N	OT filing with you.	Fill out Column A, lines 2-11.			
	ill in the average monthly income ase. 11 U.S.C. § 101(10A). For exar					
of	your monthly income varied during	the 6 months, add the	the income for all 6 months and	divide the total by 6.	Fill in the result. Do not	include any
	come amount more than once. For but have nothing to report for any line			erty, put the income f	rom that property in one	column only. If
y	ou have nothing to report for any line	o, write we in the spa	<u>acc.</u>	Column A	Column B	
				Debtor 1	Debtor 2	
2.	Your gross wages, salary, tips, be payroll deductions).	oonuses, overtime,	, and commissions (before all	\$40,000.00	\$	
3.	Alimony and maintenance paym Column B is filled in.	ents. Do not include	e payments from a spouse if	\$	\$	
4.	All amounts from any source wh					
	of you or your dependents, inclu from an unmarried partner, member					
	and roommates. Include regular co		pouse only if Column B is not	\$ 0.00	\$	
5	filled in. Do not include payments y Net income from operating a	ou listed on line 3.		Ψ	Ψ	
J.	business, profession, or farm	Debtor 1	Debtor 2			
	Gross receipts (before all deduction	ns)	\$			
	Ordinary and necessary operating	expenses	-\$0.00			
	Net monthly income from a busines	ss, profession, or far	rm \$ 0.00 Copy here ->	•\$	\$	
6.	Net income from rental and other real property	Debtor 1	Debtor 2			
	Gross receipts (before all deduction	ns)	\$			
	Ordinary and necessary operating	expenses	-\$ 0.00			
	Net monthly income from rental or	other real property	\$0.00 Copy here ->	•\$	\$	

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Marvin Michael Jones			Case number	er (<i>if known</i>)	17-30809	
			Column A Debtor 1		Column B Debtor 2	
nterest, dividends, and royalties			\$	0.00	\$	
nemployment compensation			\$	0.00	\$	
		as a benefit unde	r	_		
For you	\$	0.00				
For your spouse	\$					
		ed that was a	\$	0.00	\$	
o not include any benefits received eceived as a victim of a war crime,	under the Social Security Act	or payments				
necessary, list other sources on a	separate page and put the tota	l below.				
			\$		\$	_
			\$	0.00	\$	_
Total amounts from separa	te pages, if any.	+	. \$	0.00	\$	_
dd lines 2 through 10 for each colu	mn.	\$	40,000.00	+ \$	= \$_	40,000.00
	Interest, dividends, and royalties Inemployment compensation To not enter the amount if you content of Social Security Act. Instead, list For you For your spouse Pension or retirement income. Do penefit under the Social Security Act on the content of the social Security Act on the content of any benefits received to not include any benefits received as a victim of a war crime, lomestic terrorism. If necessary, list other sources on a content of the sources	Interest, dividends, and royalties Journal of the amount of you contend that the amount received we not social Security Act. Instead, list it here: For you \$ For your spouse \$ Pension or retirement income. Do not include any amount receivenefit under the Social Security Act. Income from all other sources not listed above. Specify the sour pound include any benefits received under the Social Security Act are ceived as a victim of a war crime, a crime against humanity, or informestic terrorism.	Interest, dividends, and royalties Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ \$ Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments beceived as a victim of a war crime, a crime against humanity, or international or lomestic terrorism. In necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any.	Column A Debtor 1 Interest, dividends, and royalties Unemployment compensation On not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you For your spouse Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Income from all other sources not listed above. Specify the source and amount. On not include any benefits received under the Social Security Act or payments benefit terrorism. In necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. **Salculate your total current monthly income. **Add lines 2 through 10 for each column.	Interest, dividends, and royalties Interest, dividends, and royal	Column A Debtor 1 Debtor 2 Interest, dividends, and royalties Interest, dividends, and royalties Interployment compensation On not enter the amount if you contend that the amount received was a benefit under ne Social Security Act. Instead, list it here: For you For your spouse Pension or retirement income. Do not include any amount received that was a penefit under the Social Security Act. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments exceived as a victim of a war crime, a crime against humanity, or international or lomestic terrorism. In necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. **Solution** **Solution**

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Debtor 1	Marvin Michael Jones	Case number (<i>if known</i>) 17-30809
Part 2:	Sign Below	
	By signing here, under penalty of perjury I declare that the inform	ation on this statement and in any attachments is true and correct.
	χ /s/ Marvin Michael Jones	
	Marvin Michael Jones Signature of Debtor 1	
Da	December 1, 2017 MM / DD / YYYY	

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B2030 (Form 2030) (12/15)

United States Bankruptcy CourtDistrict of New Jersey

In r	e Marvin Michael Jones		Case No.	17-30809
		Debtor(s)	Chapter	11
	DISCLOSURE OF COMPEN	NSATION OF ATTOR	RNEY FOR DE	EBTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	20,000.00
	Prior to the filing of this statement I have received			0.00
	Balance Due		\$	20,000.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed compe	ensation with any other person	unless they are mem	bers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the name			
5.	In return for the above-disclosed fee, I have agreed to rer	nder legal service for all aspect	s of the bankruptcy c	ease, including:
	 a. Analysis of the debtor's financial situation, and render b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of creditor d. [Other provisions as needed] Negotiations with secured creditors to regreaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hour 	ement of affairs and plan which rs and confirmation hearing, ar educe to market value; exe ns as needed; preparation	may be required; ad any adjourned hea emption planning;	rings thereof; preparation and filing of
6.	By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any disc any other adversary proceeding.			es, relief from stay actions or
		CERTIFICATION		
this	I certify that the foregoing is a complete statement of any bankruptcy proceeding.	agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in
	December 1, 2017	/s/ Douglas T. Tal	bachnik	
1	Date Control of the C	Douglas T. Tabac Signature of Attorne Law Offices of Do 63 West Main Stro Suite C Freehold, NJ 0777 732-780-2760 Fa	<i>y</i> puglas T. Tabachr eet 28	nik, PC
		dtabachnik@dttla	w.com	
		Name of law firm		

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United States Bankruptcy CourtDistrict of New Jersey

In re	Marvin Michael Jones		Case No.	17-30809
		Debtor(s)	Chapter	11

VERIFICATION OF CREDITOR MATRIX			
The above-named Debtor hereby verifies that the atta	ached list of creditors is true and correct to the best of his/her knowledge.		
Date: December 1, 2017	/s/ Marvin Michael Jones Marvin Michael Jones Signature of Debtor		

Calvary Portfolio Services 500 Summit Lake Ste 400 Valhalla, NY 10595

Capital One Po Box 30285 Salt Lake City, UT 84130

Capital One PO Box 85520 Richmond, VA 23285

Central Jersey Emergency Medicine Assoc 901 West Main Street Freehold, NJ 07728

Chase Auto Finance National Bankruptcy Dept 201 N Central Ave Ms Az1-1191 Phoenix, AZ 85004

Chase Card Services Correspondence Dept Po Box 15278 Wilmington, DE 19850

Discover Financial Po Box 3025 New Albany, OH 43054

Diversified Consultant Dci Po Box 551268 Jacksonville, FL 32255

Midland Funding 2365 Northside Dr Suite 300 San Diego, CA 92108

Phelan Hallinan Diamnd & Jones, PV 400 Fellowship Road Suite 100 Mount Laurel, NJ 08054 Physician's Urgent Care, LLC 143 NJ-33 Manalapan, NJ 07726

Seterus Inc 14523 Sw Millikan Way St Beavertton, OR 97005

Spiro Vlahos P.O. Box 6219 Freehold, NJ 07728

State of New Jersey Division of Taxation 50 W State Street PO Box 295 Trenton, NJ 08625-0295

State of New Jersey Surcharge Administration Office P.O. Box 136 Trenton, NJ 08666

Wells Fargo Hm Mortgag 8480 Stagecoach Cir Frederick, MD 21701